

PO300016478

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

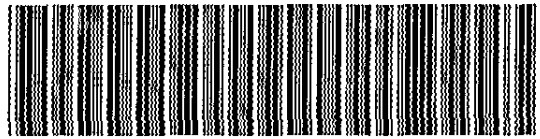
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
03 OCT 20 AM 11: 10  
DIVISION OF CORPORATION  
FILED  
03 OCT 20 PM 12: 52  
STATE  
TALLAHASSEE  
FLORIDA

DB 10/20

OFFICE USE ONLY(DOCUMENT #)

**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. 4 SISTERS NURSERY, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in   
  Pick up time 2.00   
  Certified Copy  
 Mail out   
  Will wait   
  Photocopy   
  Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials	
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ARTICLES OF INCORPORATION OF  
4 SISTERS NURSERY, INC.

FILED  
03 OCT 20 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this Corporation is 4 SISTERS NURSERY, INC. the street address for this Corporation is 19901 S.W. 184TH STREET, MIAMI FLA 33187.

ARTICLE II - PURPOSE

This Corporation shall have perpetual existence and may engage in any and all lawful business under the laws of the United State of Florida.

ARTICLE III - CAPITAL STOCK

This Corporation is authorized to issue 500 shares of one dollar (\$1.00) par value common stock.

ARTICLE IV - PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash or any new common stock of this Corporation, shall have the right to purchase their pro rata share (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Corporation is 4528 S.W. 143RD COURT MIAMI, FLA 33175 and the name of the initial registered agent of this Corporation at such address is: ALFONSO E. MENDEZ.

ARTICLE VI - INITIAL BOARD OF DIRECTOR

This Corporation shall have two directors initially. The number of directors may be either increased from time to time by the by-laws, but shall never be less than two(2). The initial directors of this Corporation are:

ALFONSO E. MENDEZ  
RUTH MENDEZ

ARTICLE VII - INCORPORATOR

The name and address of the person signing this Article is:

ALFONSO E. MENDEZ  
4528 S.W. 143RD COURT  
MIAMI, FLA 33175

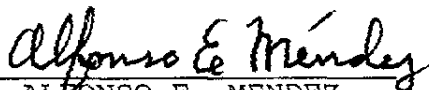
ARTICLE VIII - INDEMNIFICATION

The Corporation shall indemnify any officer or director, or any former officers or directors to the full extent permitted by law.

ARTICLE IX - BY - LAWS

The power to adopt, alter, amend or repeal by-laws shall be vested in the Board of Directors and the Shareholders.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 17 day of October 2003.




ALFONSO E. MENDEZ  
INCORPORATOR

STATE OF FLORIDA )

COUNTY OF DADE )

BEFORE ME, a notary public authorized to take acknowledgments in the State and County set forth above, personally appeared ALFONSO E. MENDEZ, known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and she acknowledged before me that he executed same.

IN WITNESS WHEREOF, I have hereunder set my hand and affixed my official seal, in the State and County aforesaid this 17 day of October, 2003.

  
\_\_\_\_\_  
NOTARY PUBLIC  
STATE OF FLORIDA AT LARGE

My Commission Expires:



Joaquin M Perea  
My Commission DD244978  
Expires October 16, 2007

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03 OCT 20 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE DESIGNATING THE ADDRESS AND AN  
AGENT UPON WHOM PROCESS MAY BE SERVED

WITNESSETH:

That 4 SISTERS NURSERY, INC., desiring to organize under the laws of the State of Florida, which will have its principal office in the County of DADE, State of Florida, has appointed ALFONSO E. MENDEZ, as its agent to accept service of process within this State.

ACKNOWLEDGMENT:

Having been named by the Board of Directors of ALFONSO E. MENDEZ to accept service of process for the above stated Corporation at the place designated in this certificate. I hereby agree to act in the capacity of Registered Agent for said Corporation, and agree to comply with the applicable provision of the Florida Statutes, this 17 day of October 2003.

  
ALFONSO E. MENDEZ  
REGISTER AGENT